

JC922 U.S. PTO

09/29/00

Please type a plus sign (+) inside box →

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	97RSS519	
First Named Inventor or Application Identifier		Joshua I. Pine
Title	EXPOSURE CONTROL IN ELECTROMECHANICAL IMAGING DEVICES	
Express Mail Label No.		EL 704727813 US

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO: <small>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</small>	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 28] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - INCLUDED - Abstract of the Disclosure - INCLUDED</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets 5]</p> <p>4. Oath or Declaration [Total Pages 4] <i>(including Supplemental Declaration)</i></p> <p>a. <input checked="" type="checkbox"/> Executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i></p> <p>[Note Box 5 below]</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR§1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identical of above copies</p>	
ACCOMPANYING APPLICATION PARTS			
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & Documents(s))</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application Status still proper and desired (PTO/SB/09-12)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) if foreign priority is claimed</p> <p>16. <input checked="" type="checkbox"/> Other: A check in the amount of \$730.00.</p>			
<i>A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</i>			

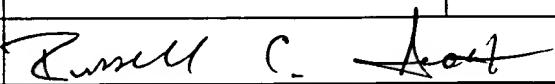
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Conversion Divisional Continuation-in-part (CIP) of provisional application No:

Prior application information: Anticipated Examiner:

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)	
<input checked="" type="checkbox"/> Correspondence address below			
NAME	Russell C. Scott Akin, Gump, Strauss, Hauer & Feld, L.L.P.		
ADDRESS	816 Congress Avenue, Suite 1900		
CITY	Austin	STATE	Texas
COUNTRY	U.S.A.	TELEPHONE	(512) 499-6200
ZIP CODE			78701
FAX			(512) 499-6290

Name (Print/Type)	Russell C. Scott	Registration No. (Attorney/Agent)	43,103
Signature			DATE 09/29/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
 These are the fees effective October 1, 1997
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 730.00)

Complete If Known

Application Number	Unassigned
Filing Date	September 29, 2000
First Named Inventor	Joshua I. Pine
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	97RSS519

METHOD OF PAYMENT	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge to the following Deposit Account,	
Deposit Account Number	01-0660
Deposit Account Name	Akin Gump Strauss Hauer & Feld
<input checked="" type="checkbox"/> Charge any additional fee required or credit any overpayment	<input type="checkbox"/> Charge all indicated fees and any additional fee required or credit any overpayment

2. <input checked="" type="checkbox"/> Payment Enclosed:		
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other

FEES CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$690.00
106	310	206	155	Design filing fee	\$
107	480	207	240	Plant filing fee	\$
108	760	208	380	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
				SUBTOTAL (1)	(\$690.00)

2. EXTRA CLAIM FEES					
Total Claims	16	-20** =	0	x	18 = 0
Independent Claims	3	-3** =	0	x	78 = 0
Multiple Dependent					0 = 0

**or number previously paid, if greater; For Reissue, see below

103	18	203	9	Claims in excess of 20
102	78	202	39	Independent Claims in excess of 3
104	260	204	130	Multiple dependent claims in excess of 3
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
				SUBTOTAL (2) (\$)

SUBMITTED BY Date : September 29, 2000Typed or Printed Name Reg. NumberSignature 43,103

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231